

SEC 1972 Potential persons who are to

03027746

of information contained in this

(6-02) form are not required to response unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



1000 1000 1000

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 1

SEC USE ONLY			
Prefix		Serial	
DAT	E RECEI	VED	

1240446POCESSED

r	TVO 3E
Name of Offering ([] check if this is an amendment and name has changed, and indica RUSHMORE RECOVERIES, III, LLC	ate change.) JUL 23 2003
Filing Under (Check box(es) that [] Rule 504 [] Rule 505 [X Rule 506 [] Se apply):	FINANCIAL
Type of Filing: [] New Filing [X] Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ([] check if this is an amendment and name has changed, and indicia RUSHMORE RECOVERIES III, LLC	te change.)
Address of Executive Offices (Number and Street, City, State, Zip Code) (Including Area Code)	Telephone Number
543 Broadway, Monticello, New York 12701 (845) 79403660 ext.	215
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Including Area Code) (if different from Executive Offices)	Telephone Number
Drief Description of Ducinose	

Brief Description of Business

Buying, selling and collection of instruments of indebtedness

http://www.sec.gov/divisions/corpfin/forms/formd.htm

6/3/2003

 \sim

[] corporation [] business trust	[] limited partnership, already formed[] limited partnership, to be formed	[X] other (please specify): Limited Liability Company
	Month Yea	ır
Actual or Estimated Date	of Incorporation or Organization: [0]4] [0]3]	[X] Actual [] Estimated
Jurisdiction of Incorporation	n or Organization: (Enter two-letter U.S. Postal S CN for Canada; FN for other foreig	ervice abbreviation for State: in jurisdiction) $[^{ m N}][^{ m Y}]$

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A, BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	[] Promoter [元] Beneficial Owner	[] Executive Officer	[] Director [玄] General and/or Managing Partner
Full Name (Last nam	ne first, if individual)		
Korzy Karry			
Business or Residen	ce Address (Number and Street,	City, State, Zip Co.	de)
33 West Main St	reet, Elmsford, New Yor	10523	
Check Box(es) that Apply:	[] Promoter [¾ Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last nam	e first, if individual)		
Harris, Mel S.			
Business or Resident	ce Address (Number and Street,	City, State, Zip Coo	de)
543 Broadway, M	onticello, New York 1270)1	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Business or Resident	ce Address (Number and Street,	City, State, Zip Cod	e)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)	enterente de la composition de la comp	
Business or Residenc	e Address (Number and Street,	City, State, Zip Cod	e)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residence	e Address (Number and Street, 0	City, State, Zip Code	∍)

• Each general and managing partner of partnership issuers.

NO DUE Pays TUI TO Officer Apply: Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that [] Promoter [] Beneficial [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) **B. INFORMATION ABOUT OFFERING** 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this Yes Nο offering?..... [X][] Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?..... \$ 25,000.00 Yes No 3. Does the offering permit joint ownership of a single unit?..... [X] 7 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) 1 All States [AL] [AK] [AR] [DE] [AZ] [CA] [CO] CT [DC] [FL] [GA] [HI] [ID] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] **TOM**

INH

[TN]

[NJ]

[NM]

[UT]

INY

M

[NC]

[VA]

[ND]

[WA]

[OH]

[WV]

[OK]

[W]

[OR]

[WY]

[PA]

[PR]

IMTI

RI

ME

[SC]

INVI

[SD]

Fuil N	lame (La	ast name	e first, if	individu	al)								
Busin	ess or R	Residenc	e Addre	ss (Nun	nber and	Street,	City, Stal	te, Zip C	ode)				
Name	of Asso	ociated E	B ro ker o	r Dealer									
								it Purcha	sers				
(Che	eck "All	States	s" or ch	eck ind	dividual	States	s) ,			I] All S	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[HN]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[sc]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	ame (La	st name	first, if i	ndividua	al)								
Busine	ess or R	esidenc	e Addres	ss (Num	ber and	Street, C	City, State	∍, Zip Co	de)			***************************************	
Name	of Asso	ciated B	roker or	Dealer									
States	in Whic	n Perso	n Listed	Has So	licited or	Intends	to Solicit	Purchas	sers			• • • • • • • • • • • • • • • • • • • 	
(Che	ck "All	States	or che	eck ind	lividual	States)			[] All S	tates	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]		[KY]	[LA]	• .		[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]		[NJ]	[MM]			[ND]	[HO]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	. [LX]	[UT]	[[[VA]	[AW]	[WV]	[W]	[WY]	[PR]	
	(Use bla	лk shee	t, or co	py and i	use addi	tional c	opies of	this she	et, as ne	ecessary	<i>(-</i>)	
	C. C	FFERIN	NG PRIC	CE, NUN	BER O	F INVES	TORS, E	XPENSI	ES AND	USE OF	PROCE	EDS	
and the If the tr the col	e total ar	nount alon is an elow the	lready so exchang amount	old. Ente ge offerir	er "0" if a ng, chec	ınswer is	"none" o x " and ir	s offering or "zero." ndicate in nange	'				
D									Offeri \$	regate ng Price 0	\$	nt Aiready Sold 0	
E	quity								\$ <u>552</u> ,	500.00	\$	0	
<u>~</u> .	المالكم ورارس	[- Saguri	-		Pre				e ·	^	æ		
										<u>0 </u>	\$	0	
	her (Spe									0	\$	0	
								_	~	500.00		0	

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Dollar Amount of Purchases		
Accredited Investors	0	\$	0	
Non-accredited investors	0	\$	0	
Total (for filings under Rule 504 only)	N/A	\$	N/A	
Answer also in Appendix, Column 4, if filing under ULOE.				

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N7A	\$ N/A
Regulation A	N/A	\$ N/A
Rule 504	N/A	\$ N/A
Total	N/A	\$ N/A

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$_	0
Printing and Engraving Costs	[]\$_	500.00
Legal Fees	[]\$	3,500.00
Accounting Fees	1 1 \$	0
Engineering Fees	[1\$	0
Sales Commissions (specify finders' fees separately)	[]\$_	0 :
Other Expenses (identify)	[]\$_	0
Total	[]\$_	4,000.00

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

<u>s 548,500,00</u>

Aggregate

		Directors, Affiliates	& To Others	
Salaries and fees		[] \$ 0	[] \$ 0	
Purchase of real estate		[] \$ 0	[]	_
Purchase, rental or leasing and installation of ma and equipment		[] \$0	[] \$ <u> </u>	_
Construction or leasing of plant buildings and fac	ilities	[] \$0	[] \$ 0	
Acquisition of other businesses (including the val securities involved in this offering that may be us exchange for the assets or securities of another pursuant to a merger)	sed in issuer	[] \$ <u> </u>	[] \$ 0	_
Repayment of indebtedness		[] \$ 0	[] \$ 0	
Working capital		[] \$ <u> </u>	[] \$ 121.800	<u>.</u> 00
Other (specify): purchase of portfolio		[] \$ <u> </u>	[] \$_ <u>\$</u> 26,700	0.00
		[] \$0	[] \$ 0	_
Column Totals		[] \$ 0	[] \$ 548,500	2.00
Total Payments Listed (column totals added)	***************************************	[]\$	548,500.00	
D. FEDERA	AL SIGNATURE			
The issuer has duly caused this notice to be signed by filed under Rule 505, the following signature constitutes Securities and Exchange Commission, upon written recany non-accredited investor pursuant to paragraph (b)(s an undertaking by the i quest of its staff, the info	ssuer to furnisi	h to the U.S.	
Issuer (Print or Type)	Signature //	Da	te	1
RUSHMORE RECOVERIES III, LLC			5/23/03	
Name of Signer (Print or Type)	Title of Signer (Print/or		,723703	-
KERRY LUTZ	MANAGING MEMBE			
ATT	ENTION			ī
Intentional misstatements or omissions of fa	*******	iminal violatio	ons. (See 18	

Payments to Officers,

Payments

E. STATE SIGNATURE